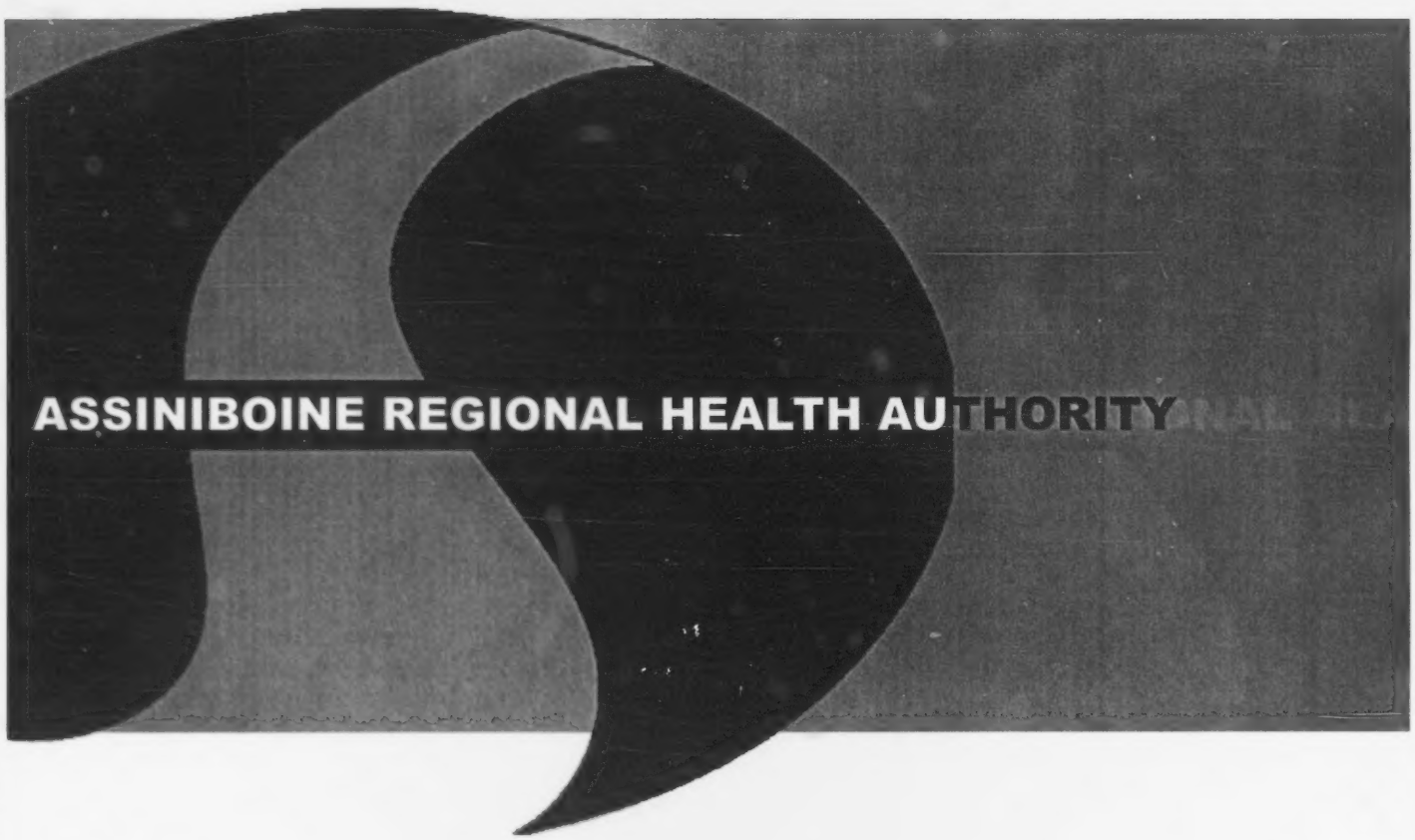
ANNUAL REPORT
2009-2010



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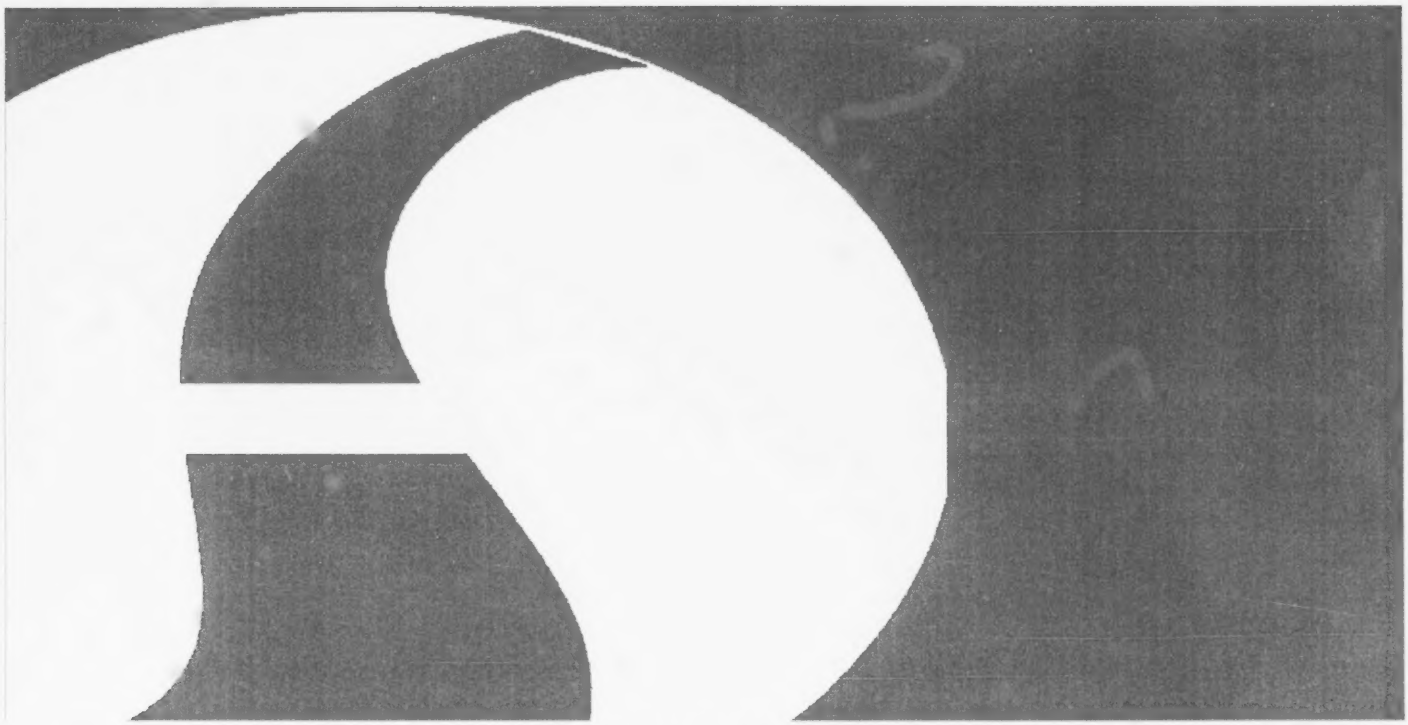

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LIMITATIONS: Data included in this report were obtained from the most current and reliable source. Risk factor information is based on self-reported survey results. Much of the data was obtained through sources which use valid and reliable methodologies, such as the Manitoba Centre for Health Policy, Manitoba Health, Statistics Canada, and CIHI. Regional data collected by individual programs and are subject to local data management processes.

Letter of Transmittal

Letter of Transmittal Accountability

We are pleased to present the annual report for the Assiniboine Regional Health Authority for the fiscal year ended March 31, 2010 as approved by the Board of Directors at their regular meeting held September 15, 2010

The annual report was prepared under the Board's direction in accordance with *The Regional Health Authorities Act* and directions provided by the Minister of Health. All material, economic and fiscal implications known as of March 31, 2010 have been considered in preparing this annual report. This report reviews the actions and initiatives of the Assiniboine Regional Health Authority from April 1, 2009 to March 31, 2010.

As you are aware, 2009/10 saw something that was talked about and projected to happen for years – a pandemic influenza virus! We need to acknowledge the enduring commitment of ARHA staff to be flexible and to do what it took to make sure that as many ARHA residents as possible had access to the vaccine and got protected. The ARHA Pandemic Plan was put to the test – issues and challenges were addressed quickly and effectively; regional/provincial processes and networks were strengthened; priority staff were fit tested; personal protective equipment was deployed/pre- positioned throughout the region; communication to staff and public was effectively carried out – the ARHA Pandemic Plan withstood the test. These were very intense months for all staff in the healthcare system and their dedication and hard work cannot go unrecognized. We would be remiss if we did not acknowledge as well the extraordinary leadership and support provided by Manitoba Health throughout this unprecedented event. The response both provincially and regionally was the most exemplary demonstration of professional and volunteer synergy we have been fortunate enough to witness. The ARHA response would not have been possible without the significant contribution by many, many volunteers across the region and we extend our thanks and appreciation.

This year's annual report also highlights other accomplishments made during the past year toward realizing our goals. Through a collective effort with our partners, employees and physicians, much progress has been made toward ensuring that the highest quality care is accessible to our residents. We would like once again to acknowledge the Board of Directors and the Executive Management Committee for their shared leadership over the past year. To all staff, thank you for your contribution each and every day to making sure the best possible care and service is delivered.

To our community stakeholders we express gratitude for working with us, challenging us and keeping us motivated to the best job possible.

Respectfully submitted,

Dean Dietrich, Chair
Board of Directors

Penny Gilson
Chief Executive Officer

Who we are...

The Assinboine Region

The Assiniboine Regional Health Authority will take you on a beautiful journey of wide-open spaces and never ending horizons along Manitoba's Assiniboine River.

The Assiniboine Region covers an area of 32,134 square kilometers, encompassing 72 Incorporated Towns/Villages / Rural Municipalities within six geographic Health Districts. Both the Trans Canada and Yellowhead Highway are major transportation corridors within the Region, covering an area from the Saskatchewan Border to the West, Riding Mountain National Park to the North, to the USA Border to the South, and to the Treherne area to the East.

The Assiniboine Regional Health Authority employs over 3,000 people and operates 20 acute care / transitional care facilities, one which is a rehabilitation unit, 28 long-term care facilities, and seven elderly persons housing units. The region also provides primary care, public health, mental health, diagnostic, ambulance, palliative care, home care services, and many other programs and support services. There are sixty-four physicians providing medical services in the area.

The population of the Assiniboine Regional Health Authority as of June 1, 2009 was 68,173. The population saw a slight decrease from 2007 to 2008 but increased in 2009 by 354 people.

Assiniboine RHA Population by Year

2005	2006	2007	2008	2009
68,812	68,375	68,034	67,819	68,173

Although the population of the Assiniboine region had been steadily declining in recent years, this recent increase may be due, in part, to increased immigration to the region and a higher birth rate. According to population projections, if current trends continue the population of the region is expected to increase by 4% by 2036. The Assiniboine Region has fewer children and more seniors than Manitoba as a whole.

There is growing cultural diversity in the Assiniboine region, with 7 First Nation communities, numerous communities with significant Metis populations, 28 Hutterite colonies, one Old Order Mennonite community as well as many other ethnically diverse communities. As immigration continues to increase in the region, providers are becoming more aware of the strengths and needs of diverse populations.

While the language spoken at home is mainly English, almost 1% of the region's population report speaking neither English nor French at home. This may present challenges for these families to access health care and education. The ARHA is an official bilingual region.

The social and economic status of people in the region is also generally good. The Assiniboine Region has the best high school completion rate in the province. Unemployment is fairly low, although there are concerns about the economy in general.

As the Assiniboine Region continues to evolve we will remain attentive to the needs of our population and strive to be responsive by adapting our programs and services to meet their changing needs.

Find the Assiniboine RHA online at www.assiniboine-rha.ca

Board

BOARD GOVERNANCE

The Assiniboine Regional Health Authority Board of Directors functions under the legislative authority of and is compliant with The Regional Health Authorities Act. The Board of Directors has clearly articulated policy and direction through the Vision, Mission, Values and Strategic Direction. The Board is comprised of up to fifteen persons appointed by the Minister of Health for the Province of Manitoba.

All regular meetings of the Board of Directors are open to the public and are held a minimum of ten times per year in accordance with the General By-Law. Board meeting minutes are distributed to all municipal corporations and health facilities in the region. They are also posted on the regional website at www.assiniboine-rha.ca.

GOVERNANCE PROCESSES

The Board is responsible for and demonstrates compliance with the following general governance processes:

- Assessing community health needs in preparing the organization's strategic and annual health plans – strategic priorities are aligned with identified needs and reflected in planning processes;
- Approving policies and processes to ensure the integrity of the organization's internal controls and management systems;
- Regular review of policies and by-laws;
- Approving the annual capital plan;
- Approving the annual health plan for submission as advice to the Minister of Health;
- Monitoring CEO and organizational (including fiscal) performance;
- Ensuring Board self evaluation (occurs post meeting and annually);
- Ensuring new Board Member orientation;
- Identifying Board education needs and ensuring development of an annual schedule to address those needs (Board education occurs prior to each regular meeting of the Board).

The Board has two standing committees to assist in carrying out its legislative responsibilities. They are: Executive Committee and Finance and Audit Committee. The Board also has a Governance Committee that is charged with reviewing Board By-laws and Policies to ensure they are current and reflect governance best practices.

OUR STAKEHOLDERS

Stakeholder engagement is an ongoing priority for the Assiniboine Regional Health Authority. Advisory Council forums are held 3-4 times per year with the Board identifying specific areas for discussion and feedback such as human resource recruitment and retention/stabilization initiatives; Emergency Medical Services; community health assessment; strategic planning; etc.

COMMUNITY HEALTH ASSESSMENT

The 2009/10 year marked the completion and validation of the comprehensive community health assessment undertaken by all Regional Health Authorities in Manitoba every five years. In the Assiniboine region this included a year long process of: reviewing health status information, utilization data; ten community engagement and subsequent validation meetings; consultation with population groups, and partner agencies and advisory committees; active in-person staff participation as well as access to a staff on-line survey which culminated in one comprehensive report. The complete report is available on the ARHA website.

COMMUNITY STAKEHOLDER MEETINGS

The Board and Executive Management Committee invite key community stakeholders to a series of meetings across the region each spring and fall where there is opportunity to share information and have questions addressed. Key community stakeholders are defined through invitation to all municipal councils in the region. At least once annually an invitation to meet is also extended to each of the First Nation communities with offers to attend each of the communities. There are also numerous community specific stakeholder meetings held relative to program/service impacts unique to those communities.

FUTURE DIRECTIONS

What will we focus on in the future?

- Finalizing the region's strategic plan for the next five years (Vision, Mission, Strategic Priorities, Values) based on information provided through the year long comprehensive Community Health Assessment process described above.
- Maintaining positive relationships with communities and stakeholders.
- Engaging in proactive and creative human resource recruitment and retention strategies.
- Managing existing and advocating for enhanced capital infrastructure capacity to support sustainable, safe, quality health service delivery.
- Establishing effective, respectful relationships with partners to influence the many things that impact health status beyond the delivery of health services.

Governance

Back row: Kelvin Nerbas, Kristine Janz, Harvey Patterson, Bruce Dunning, Randy Hodge
Middle row: Debbie Eastcott, Bonnie Proven, Jacqueline Leforte, Leona Williams
Front row: Dean Dietrich (Chair), Diana Heneghan
Missing; Don Cataford, Barry French, Eva Whitebird, Marg MacDonald

All ARHA Board members represent the region as a whole

Board Advice Consultation

Assiniboine Health Advisory Council

The Assiniboine Health Advisory Council (AHAC) is a group of interested community members who provide advice to the Board of Directors and Executive Management Committee in areas such as:

- Communications
- H1N1
- Ethics
- EMS Rates
- Cultural Awareness
- Community Health Assessment Consultation and Validation
- Philippine Nurse Recruitment

This group meets regionally three to four times per year with the Board of Directors, Executive Management Committee and Provider Advisory Council. There were 28 members in the 2009-2010 fiscal year.

Medical Advisory Committee

The Medical Advisory Committee (MAC) of the Assiniboine Regional Health Authority is an active group of physicians who provide feedback to the Board of Directors and Executive Management Committee in areas of physician privileges, medical systems input and act as liaisons with various provincial committees. The MAC membership has also agreed to fulfill several roles that would normally be part of a Vice President, Medical role. This is a testament to the quality and commitment of these individuals. They meet 8-10 times per year.

Provider Advisory Council

The Provider Advisory Council (PAC) of the Assiniboine Regional Health Authority is a multi-disciplinary group of interested staff who provide advice to the Board of Directors and Executive Management Committee in areas such as: employee recognition; staff wellness; quality of worklife; certain policies and procedures; human resource information; and other staff related areas of interest. This committee meets regularly with the Assiniboine Health Advisory Council (AHAC).

In the 2009-2010 fiscal year PAC led an initiative to do Quality of Worklife qualitative interview sessions with staff groups throughout the region. From this information the group then will make recommendations for areas of improvement to the Executive Management Committee.

Good News

There is always a lot going on in the Assiniboine Region. The following are a few good news stories gleaned from the pages of the Assiniboine RHA Public Newsletter over the 2009-2010 fiscal year. The Board of Directors would like to brag a bit about our team!

An ARHA Chronic Disease Prevention Initiative participant, the Daily Health Awareness Team based out of Hamiota, Kenton, Oak River and Miniota, received the Manitoba Healthy Living Award in the group category.

Making the Move to Healthy Choices project which looks at healthy food choices for recreational facilities won both provincial and national recognition. ARHA is a partner in this collaboration that has been adopted by other provinces.

Neepawa EMS facility is completed.

ARHA Elder Abuse Network was recognized for outstanding achievement for their contribution to prevention of abuse of older adults.

ARHA received a Partners for Life award for outstanding accomplishment in blood donations from the Canadian Blood Services.

Ken Oberlin (now an Area Manager in ARHA) received the Governor General's Award for Exemplary Service in EMS.

The College of Registered Nurses of Manitoba presented the region with an award for multi-disciplinary team for H1N1 efforts.

Killarney Ultrasound opened.

Jill Hannah-Kayes (a service provider to the ARHA) won the Fred Douglas Memorial Award for the Art of Caring.

Residents moved into the new Neepawa Personal Care Home.

The Public Interest Disclosure Act

(Whistleblower Protection) Act

The Public Interest Disclosure (Whistleblower Protection) Act came into effect in April 2007. This law gives employees a clear process for disclosing concerns about significant and serious matters (wrongdoing) in the Manitoba public service, and strengthens protection from reprisal. The Act builds on protections already in place under other statutes, as well as collective bargaining rights, policies, practices and processes in the Manitoba public service.

Wrongdoing under the Act may be: contravention of federal or provincial legislation; an act or omission that endangers public safety, public health or the environment; gross mismanagement; or, knowingly directing or counseling a person to commit a wrongdoing. The Act is not intended to deal with routine operational or administrative matters.

A disclosure made by an employee in good faith, in accordance with the Act, and with a reasonable belief that wrongdoing has been or is about to be committed is considered to be a disclosure under the Act, whether or not the subject matter constitutes wrongdoing. All disclosures receive careful and thorough review to determine if action is required under the Act, and must be reported in a department's annual report in accordance with Section 18 of the Act.

The following is a summary of disclosures received by Manitoba Health and Healthy Living for fiscal year 2009 – 2010:

The number of disclosures received, and the number acted on and not acted on. *Subsection 18(2)(a)* - **0 disclosures were received.**

The number of investigations commenced as a result of disclosure. *Subsection 18(2)(b)* - **NIL**

In the case of an investigation that results in a finding of wrongdoing, a description of the wrongdoing and any recommendations or corrective actions taken in relation to the wrongdoing, or the reasons why no corrective action was taken. *Subsection 18(2)(c)* - **NIL**

Board of Directors

Medical Advisory Committee

Provider Advisory Council

Chief Executive Officer

Medical Officer of Health

Assiniboine Health Advisory Council

VP Community Health Services

VP Support Services & Capital Planning

VP Programs & Standards

Chief Financial Officer

Executive Director Primary Care/Medical Services

Chief Human Resources & Communications Officer

Executive Director Allied Health Services

Executive Director Facility Services

Public Health Services

Support Services

Pharmacy

Acute Care Services

Finance Services

Human Resources

Home Based Care Services

Information Management

Rehab/ Therapy Services

Personal Care Home Services

Purchasing

Physician Services

Communications

Community Mental Health Services

Capital Projects & Capital Equipment

Education Services

Primary Care Services

Aboriginal Health

Asset Management

Registered Dietitians

Diagnostic Services

Emergency Medical Services

Planning & Evaluation

Quality Improvement & Risk Mgmt

Standards & Legislation

The Assiniboine Regional Health Authority made no substantive changes to the organizational structure in 2009/2010.

Organizational Structure

Mission Vision Values

Vision

Assiniboine Regional Health Authority: Together, an innovative, future oriented organization providing evidence-based, sustainable, quality health services.

Mission

Through participation, teamwork and available resources, our mission is to share in enhanced well-being through the delivery of quality health services that are responsive to the needs of the population.

Values

Focusing on People
Collaborating and Working as Teams
Acting with Integrity
Communicating to Share Information and Receive Feedback

Strategic Directions

ARHA will identify select health service needs associated with population groups as a priority for service delivery and strategy development.

ARHA's current and future service delivery will focus on patient safety and will balance quality, accessibility and affordability considerations.

ARHA will focus on healthy living and well-being for our communities and staff.

Strategic Enablers

Relationships & Partnerships . Communication & Education . Technology . Performance Accountability

Strategic Priorities

Manitoba Health Goal: Optimize the health status of all Manitoban's through prevention and health promotion.

1.1

Strategic Priority 1.1

The ARHA will implement a chronic disease prevention and management strategy targeting priority populations as appropriate.

Context

- Heart attack rate, and cardiovascular disease is high, leading to death (CHA). Increasing prevalence of hypertension among ARHA residents. Cardiovascular disease remains the leading cause of death.
- Need for improved screening for cancer & chronic disease.
- High incidence & prevalence of chronic disease particularly in First Nation communities.
- The ARHA has a higher rate of diabetes for the treaty status population than the provincial rate. The ARHA has among the highest diabetes prevalence (approx 22%) for First Nation residents in Manitoba. The Manitoba rate is approx 18%. (Source: Diabetes in Manitoba). Diabetes is higher among Métis residents of the region than residents who are not Métis.
- Increasing prevalence of diabetes among ARHA residents with high rate of hospital admissions for ambulatory care sensitive conditions.

Expected Results

- Reduced incidence of heart attacks, and improving outcomes after heart attack.
- Early identification and treatment of cancer & chronic disease through improved access to screening programs.
- Improved outcomes for those with diabetes, such as reduced complications.
- Reduced prevalence of diabetes through promotion of healthier lifestyles.

Achievements and Results

- The death rate due to cardiovascular disease has declined steadily over 3 years and the ARHA target has been achieved.
- The heart attack rate has been increasing, from 2.6 per 1,000 in 2006/07 to 4.0 in 2008/09. The provincial rate increased from 2.0 to 2.10 in the same time period. (Source: Health Information Management).
- ARHA has a higher rate of hospital days used by people with diabetes (2.6) than the MB average (2.2).
- ARHA rate of lower limb amputations associated with diabetes has decreased slightly from 1.38% to 1.21%, compared to the provincial averages of 1.86% and 1.63% over the same time. (Source: Diabetes in Manitoba Report)
- Regional Diabetes Program initiatives and Chronic Disease Prevention Initiatives aimed at reducing chronic diseases including: Get Better Together!, Diabetes Gathering, Prairie Health Matters sessions, and Wellness Screens.
- Partnering with First Nation communities to improve access to primary care services.

Future Direction / Actions

- Targetted and specific health promotion activities around cardiovascular health.
- Further enhance primary care delivery and Women's Wellness Clinics to ARHA communities, including First Nation communities.
- Continue enhanced screening capacity, education and awareness in priority areas: breast cancer; cervical cancer; colorectal cancer; prostate cancer, diabetes and hypertension.
- Operationalize Russell dialysis unit (as per approval of this regional health plan initiative).
- Continue to strengthen partnerships with First Nation communities to enhance diabetes education.

Critical Success Factors and Challenges

- Ongoing partnerships with First Nation communities.
- Supportive funding for expanded prevention initiatives and expanded primary care services (Regional Health Plan 2010/11 requests for 2 additional Registered Nurse Extended Practice).
- Expected increase to incidence of Type 2 diabetes in First Nation population estimated to triple by 2016 (Source: Diabetes: A Manitoba Strategy).
- Geographical challenges for service delivery.

Did you know?

The Assiniboine Regional Health Authority Primary Care Program staff serve the communities of Rossburn, Hamiota, Erickson, Wawanesa and Carberry/Neepawa as the Primary Care Access sites. The Rossburn Primary Care Nurse provides clinic services to the Waywayseecappo First Nation Community. The program continues to have partnerships with Waywayseecappo, Keeseekoowenin , Rolling River, Gamblers, Birdtail-Sioux and Canupawakpa First Nations.

The Primary Care Program provided cervical and breast screening in 21 communities, including four First Nations.

PRIMARY CARE STATS	2009/10	2008/09
Client visits to Primary Care Program	6028	2757
Cervical screens performed	110	137
Breast Screens performed	21	12
Breast and Cervical screens performed together	418	286

ARHA Primary Care

Strategic Priorities

Manitoba Health Goal: Optimize the health status of all Manitoban's through prevention and health promotion.

1.2

Strategic Priority 1.2

The ARHA will focus service delivery on Injury Prevention Initiatives with particular emphasis on reducing the impact of falls in the seniors population and partnering to reduce the impact of suicides (self inflicted injury) and motor vehicle injuries.

Context

- High rate of fall-related injury hospitalizations among seniors.
- Suicide rate and self-inflicted injuries similar to provincial average, but remains a community concern Suicide is a complex issue with many contributing factors making prediction and prevention more difficult in some populations. Have submitted requests for mental health promotion for suicide prevention annually through the regional Health Plan since 2004/05.

Expected Results

- Decreased number of reported falls and percent of falls resulting in fractures in personal care homes per resident year with the implementation of a Falls Prevention and Management Policy to all ARHA sites.
- Targeted staff education on Falls Prevention and Management to 14 ARHA sites.
- Decreased death rates due to suicide.

Achievement and Results

- The rate of falls among Personal Care Home (PCH) residents continues to increase in ARHA, from 8.4 per 1,000 resident days in 2006/07 to 9.2 per 1,000 in 2008/09 (Source: ARHA Occurrence Report Database). The ARHA transitioned Occupational Therapists and Physiotherapists from Community Therapy Services into the ARHA to improve access, assessment and intervention for PCH residents to assist in fall reduction.
- The suicide rate has declined slightly in ARHA (15.6 per 100,000 from 2003-2005 & 13.0 per 100,000 from 2005-2008)The provincial rate has remained fairly stable, at just over 12.0 per 100,000. (Source: Vital Statistics) Suicide Intervention Skills Training (ASSIST) and SafeTALK, Mental Health First Aid and Suicide Prevention Intervention Networks (SPIN) educational / training opportunities offered to communities. Youth Suicide Prevention Initiative launched in 2009/10 targeting First Nation communities.

(Source for all: Vital Statistics)

Future Direction / Actions

- Expand allied health supports for falls prevention through Regional Health Plan requests.
- Offer additional targeted ASSIST and SPIN sessions for identified vulnerable populations; continue to request additional resources for mental health promotion through the Regional Health Plan for 2011/12.
- Expand falls prevention to the community setting through the Home Care Program (Source: Regional Health Plan 2011/12).

Critical Success Factors and Challenges

- Recruitment of allied health professionals to expand program services.
- Increase access and implement existing injury prevention programs.
- Geography continues to be a challenge in providing access to programs.
- Availability of mental health professionals and proctors to deliver and support suicide prevention and intervention programming.
- Many factors influencing unintentional & self-inflicted injury are outside the realm of health care.

Did you know?

EMS led - Bicycle Helmet Awareness Program

Did you know that ARHA Bicycle helmet awareness program observed 361 individuals on bicycles, 52% were wearing properly fitting helmets. 120 helmets were given away.

Strategic Priorities

Manitoba Health Goal: Improve quality, accessibility and accountability of the health system.

2.1

Strategic Priority 2.1

The ARHA will focus on initiatives aimed at Human Resources Stabilization.

Context

- Over 3000 employees.
- Over 60 family physicians.
- Many staff approaching retirement.

Expected Results

- Increased recruitment/retention of qualified professionals.
- Enhanced advanced skills for professionals.
- Prevent injuries to staff and lost work days.

Achievements and Results

- Staff turnover rate 08/09 15.9%, higher that the Provincial average of 14.2% (source: Provincial HR Benchmarking Survey).
- Average employee length of service 9.3 years, (Manitoba average 9.17 years) (Source: Provincial HR Benchmarking Survey).
- Student Placement / Practicum requests accepted: 40 LPN, 13 BN/RN, 1 RPN, 48 HCA, and 87 High School Students (CO-OP. Work experience & Take your Child to Work). EMS practical experience, ride along's available and do occur.
- 8 Bachelor of Nursing (BN) & 1 Bachelor of Psychiatric Nursing (RPN) grads participated in the mentorship program.
- The number of nursing grads, RN's & RPN's that have secured permanent, term, or casual employment in the region since completing the mentorship program – 9 in total – 8 RNs & 1 RPN.
- 12 new physicians recruited, 5 physicians resigned.
- In 2009/10, the region posted 1549 job vacancies (down from 1625 in 2008/09).
- In 2009 / 2010 the ARHA experienced a 16.8% decrease in its WCB claim costs which transferred into an assessment rate reduction of 7.5%; the first Worker's Compensation Board (WCB) assessment rate decrease since 2005.
- The average days lost for a WCB claim were 14.3 days compared to 23.6 days in the previous fiscal year. This reduction in days lost can be attributed to the claims management process which reviews the injured employee's medical notes for restrictions so the return to work process can be initiated and a program developed.
- eLearning program launched and continues to grow (see article under Strategic Successes- Page 12).
- Diagnostics Cross Training ARHA took 6 or 8 seats available for this provincial program, all students successfully completed – 3 students for Lab Tech to X-ray cross training and 3 students for X-ray Tech to Lab cross training,
- Emergency Medical Services Primary Care Paramedic Training has seen 50 students complete traditional classroom style, and 46 students complete the Web based training since this training began in 2007.
- Attendance at the Advanced Cardiac Life Support Course (ACLS) and Trauma Nurse Core Course (TNCC) courses over 09/10 has increased from attendance in 08/09. In 2009/10 and 67% of the RNs are trained in ACLS (up from 42% the year previous), with TNCC-58% of RNs are trained (compared to 57% the year previous. (Source: ARHA Education Services Team)

Future Direction / Actions

- Commence planning for and implementation of an Aboriginal Workforce Development Initiative to develop a representative workforce within our region.
- In-region LPN Course announced for Deloraine in January 2011.
- Ongoing support for Cross Training of diagnostic staff in partnership with Red River College and Diagnostic Services of Manitoba.
- Continued emphasis on the recruitment of Canadian trained physicians

Critical Success Factors and Challenges

- Support for in region education initiatives as per Regional Health Plan Initiative requests.
- Ability to stabilize staffing to facilitate attendance at educational events.
- Continued support of staff recognition program.
- Shortage of professionals nation wide.
- Rural depopulation.
- Complexity of rural practice.
- Onerous on call rotations for physicians.

Did you know?

HUMAN RESOURCES AT A GLANCE	2009/10	2008/09	2007/08
Average Age of Workforce	44	44	44
Percentage ratio of Females / Males staff	90%/ / 10%	90% / 10%	91% / 9%
Total Number of employees	3249	3192	3127
Total Jobs Posted	1549	1625	1679
Total New Hires	388	411	537
% (self declared) Aboriginal workforce	2.2%	2.3%	Not available
Employee Assistance Program (EAP) Utilization rate	4.5%	5.7%	5.04%

Strategic Priorities

Manitoba Health Goal: Improve quality, accessibility and accountability of the health system.

2.2

Strategic Priority 2.2

The ARHA will use best practices and evidence based decision making to ensure reasonable access to safe, quality and sustainable service.

Context

- The Quality Framework for allocation of resources to acute/emergency room service was developed through an evidence informed process to promote safety, quality and sustainability.
- EMS Framework developed to address the growing needs for a sustainable service. It is becoming increasingly difficult to maintain the current level of Emergency Medical Services. Past models of service delivery, including workforce and resource distribution, will no longer be sustainable into the future.
- Patient Safety needs to drive service decisions based on standards and best practices, such as clinical practice guidelines/care maps and protocols such as the ACS Care Map.

Expected Results

- Sustainability of services in high volume and acuity acute care sites.
- Sustainable EMS service with qualified professionals.
- Implementation of Required Organizational Practices for patient safety.
- Continued review and refinement of service frameworks.
- Support for clinical practice guidelines/care maps and protocols such as the ACS Care Map.

Achievements and Results

- Sustainability of services at high volume and acuity sites.
- Less acute/emergency room service disruptions.
- Completed review of Emergency Medical Services Framework.
- Medication Reconciliation process implemented to all sites.
- Implementation of the Killarney Ultrasound in December 2009 with 455 Exams between December and March 2010 (see graph of regional ultrasound activity - Page 13).
- The by-pass protocol for Stroke care between ARHA and Brandon RHA has been successfully implemented and does impact the outcome of health status.
- Death within 30 days of admission to hospital for a heart attack decreased slightly (9.8% in 2003/04 to 2005/06 & 9.5% in 2006/07 to 2008/09) (Source: CIHI Health Indicators).

Future Direction / Actions

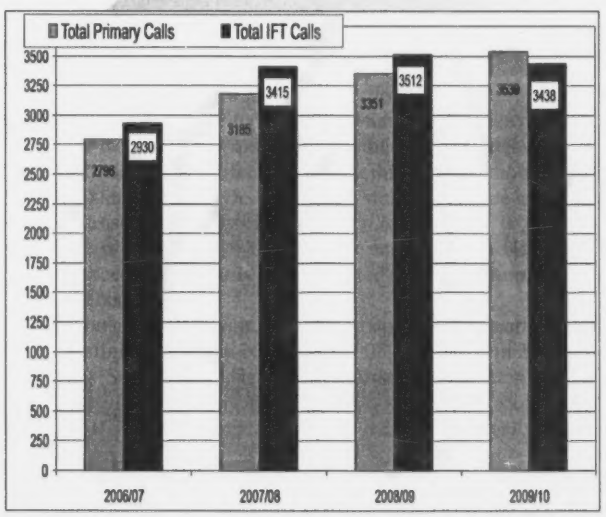
- Joint health centre proposal in Regional Health Plan to provide enhanced sustainable, quality services in rural Manitoba.
- Enhancements to services in areas of medical rehabilitation, chronic care and behavior management will be considered for other communities through the Regional Health Plan process.
- Expansion of patient safety initiatives with a focus on meeting standards and compliance with Required Organizational Practices of Accreditation Canada.

Critical Success Factors and Challenges

- Recruitment/retention of qualified staff in all disciplines in small rural based communities makes it difficult to sustain 24/7 service.
- Low call volumes in some EMS stations reduce opportunity to use skills & maintain competencies, EMS stations with sufficient equivalent full time staff sometime results in several casual staff not attending many calls.
- Development of patient safety culture initiatives.

Did you know?

For the time frame 2009/2010, the ARHA Emergency Medical Service (Ambulance) responded to 6977 calls for service (all calls). Of those, 3539 were Primary (calls to 911), 3438 were for transfers between facilities (IFT).



There were 1061 cancelled calls in 2009 (treat- no transport), up from 902 in 2008.

Strategic Priorities

Manitoba Health Goal: Optimize the health status of all Manitoban's through prevention and health promotion.

3.1

Strategic Priority 3.1

The ARHA will champion improved healthy living through effective leadership, advocacy and partnerships.

Context

- Influenza immunization rates for seniors declined, but are similar to provincial rates. Child immunization rates continue to be higher than the provincial average, but are lower than desired.
- An assessment of chronic disease risk factors among children and youth identified the need for improvements in healthy lifestyle choices (healthy eating, physical activity and tobacco use reduction).
- Obesity remains a growing concern, with over 60% of ARHA adults classified as overweight or obese.
- Communities interested in access to healthy choices (physical activity, healthy eating, tobacco use reduction).

Expected Results

- Mass immunization for H1N1 – Minister of Health encouraged regions to work toward a target of 50% immunization coverage
- Increased immunization coverage.
- Enhanced community-led Health Promotion Initiatives, targeting weight and obesity.
- Decreased smoking rates among children and youth.

Achievements and Results

- Rate of novel H1N1 vaccination 40% (source: MIMS) See Performance Story feature article.
- Influenza immunization coverage for residents 65 + decreased from 58.9% in 2006 to 56.9% in 2007 (Source MIMS). Our rates have been similar to the provincial average.
- Staff influenza immunization increased slightly from 42% in 2007 to 43% in 2008 (Source: ARHA Immunization Coordinator).
- Immunization considered complete at age 7 declined slightly from 86.7% in 2006 to 85.8% in 2007, but remains much higher than the provincial average of 75.8% in 2007 (Source: MIMS).
- 11 communities participated in Chronic Disease Prevention Initiatives. All communities have undertaken projects related to enhanced nutrition and physical activity and are also beginning to address tobacco prevention and reduction strategies through the NOT (Not On Tobacco) and Lungs are for Life programs for school aged children.
- 21% of ARHA students from Grades 9-12 were smokers (ARHA Youth Health Survey 2007), in the same year 20% of 15-19 year-olds in Manitoba were current smokers (Source: Canadian Tobacco Use Monitoring Survey); in 2009, 21% of Manitoba Grade 9-12 students were smokers (Source: Manitoba Youth Health Survey)

Future Direction / Actions

- Lessons learned from H1N1incorporated into future planning.
- Targeted Health Promotion initiatives in identified priority areas.
- Continued partnerships with communities for chronic prevention and health promotion (CDPI, Get Better Together!, food security, healthy eating, tobacco cessation).

Critical Success Factors and Challenges

- Public Health Nursing infrastructure and capacity is challenged as programs, services and caseloads are expanding without corresponding increases in EFT. Increasing time is required per contact, in order to apply immunization and postpartum best practices.
- Adequate staffing is required for the delivery of a safe and effective immunization program.
- Partnerships with communities are essential for program success.
- Geography continues to be a challenge in providing access to programs.

Did you know?

Support Services to Seniors

- 26 Community Resource Councils which employ 33 Community Resource Coordinators.
- Total number of clients served in the communities within the ARHA: 12,123, up from 11,914 the year previous.
- Total number of seniors over age 55 in Region is 21,207.
- Total number of volunteers: 2,511

Congregate Meal Programs

- 18 Congregate Meal Programs employ 25 Congregate Meal Coordinators.
- 67,436 meals served in 09/10 year, up from 65,163 the year previous.
- Total number of individuals served at Congregate Meal Programs 1,362

Supports to Seniors in Group Living (SSGL)

In 2009/10, there were 32 tenants in Yellowhead Manor - Neepawa. Out of those 32 tenants, 19 were assisted with Instrumental Activities of Daily Living (IADLS). IADLS are life management skills which allow an individual to remain independent in the community. E.g. Shopping, telephone use, preparing meals, managing money, banking procedures, appointment scheduling, socialization and recreational activities.

Adult Day Programs (ADP)

Provide social and recreational opportunities to Home Care clients to maximize their independence in the community while providing relief to caregivers. There is a total 16 Program Sponsors of the ADP program in various facilities within the Region.

The average number of participants in the program for 2009/10 was 121.

Strategic Success

ARHA eLearning

SPOT= Staff Portal to Online Training

The ARHA eLearning website is an education opportunity for all staff to complete and achieve convenient required or informational learning electronically via the computer either at home or at work. eLearning provides learning modules and tests for the users to test the knowledge they have learned as well as links to other reputable education websites, professional websites, discussions boards, regional news and updates. Moving forward with the technology changes of today, eLearning promotes staff in their ongoing learning development by providing an easily accessible and interactive education opportunity.

Since the eLearning program began it's marketing of the 'SPOT', with the easily recognizable Dalmatian icon leading the way in April 2009, the Assiniboine RHA is very proud to say the program has experienced exceptional uptake and there are now over **1600** ARHA eLearning users enjoying the site (half of which have jumped on since May, 2010). The region can be very excited to continue the upward trend indicated in the first fiscal year 2009-2010 where over 1500 module tests had been completed.

Why eLearning?

- Password protected, convenient online access.
- 24/7 one-stop-shop: Library, Web links, up-to-date News, Discussion area, and Continuing Education area.
- Customized by job position – staff experiences learning depending on their program/position.
- Regional Self Learning Package and other required module access designed to encourage timely completion for all staff.
- Continuing Education for nursing staff including advanced skills, central line care, EKG analysis, operation of equipment, some of which have assisted us in meeting our ROPs (Required Organizational Practices)
- Remedial learning in real-time environment.
- Staff self-tracking capabilities in online Education Summary.
- Module results are exported (electronically transferred) to the ARHA QHR database capitalizing on the tracking/reporting power realized in that software.
- Reduces workload/expense for data entry staff.
- Significant reduction in expenses for learner and educator realized where eLearning provides staff education in lieu of or in addition to traditional training.
- Educational development in the region is becoming more organized/timely with the focus on eLearning. SPOT presents a stage to host the education – brainstorming is happening now within the region unlike ever before.
- Education delivered in a timely manner promotes the delivery of safe, quality care.
- Environmentally and financially responsible with less travel in a large geographical region.

Staff technical support for the website is offered via a 1-800 line and since the sites inception efforts have been made to provide in-facility training to support this new learning modality, reduce stress for staff, and enhance staff uptake.

Current learning modules have primarily been developed by ARHA staff, however with current growth trends the demands for content from various regional programs may exceed the existing module development capacity. The region may need to look at alternative sources of content development in order to continue to provide a quality educational experience for staff.

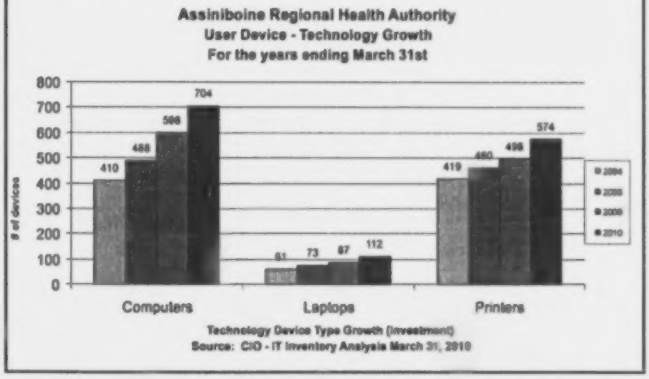
Other issues that arise out of the growth include the need for website expansion/upgrades and information technology infrastructure. One advantage of supporting and expanding the program is that the potential dollars utilized to maintain and grow the site are somewhat offset by savings that come out of its use.

While the region has been experiencing the benefits of eLearning, word of SPOT's success has travelled to other Manitoba RHAs and Assiniboine is pleased to share the experience and expertise gained in the online eLearning environment with other regions. ARHA is hopeful that some type of collaborative network to share resources and content with other regions can be developed. This would mean working more efficiently and responsibly throughout the province. Combined with the ripple effect of continuous education, this is certainly a formula for creating a safer, smarter, faster, and stronger health care system in our province.

Did you know?

There are 704 computers, 112 laptops, 65 servers, 33 scanners and 574 printers in the region at March 31/10.

The region has also added 10 scanners, 20 computers, four printers for Diagnostic Services of Manitoba. Below is a chart showing the growth in user devices over the past seven years.



Rivers Orthopaedic Rehabilitation Unit

The Rivers Rehab Unit was opened in November 2005 thanks to a partnership between Assiniboine Regional Health Authority and Brandon Regional Health Authority as part of the Provincial Wait Time Reduction Strategy aimed to reduce wait times for patients requiring joint replacement/repair surgery.

The unit is an 11 bed unit offering intensive rehab services to patients following orthopaedic surgery or trauma. The Rehab Unit offers services primarily to orthopaedic patients who require longer than usual recovery periods along with rehabilitation services

The Rivers team consists of physicians, nurses, physiotherapist, occupational therapist, rehab aides, activities personnel, Home Care and support staff.

In the 2009/10 fiscal year, 43% of Rivers clients were receiving rehab following hip surgery. During that year, 118 clients were admitted to Rivers with the following:

Events Preceding Rehabilitation	Number	Percent
History of Knee Replacement	6	5%
History of Hip Replacement	11	9%
History of Other Knee Surgery	2	1.6%
History of Other Hip Surgery	40	34%
History of Pelvic Trauma or Surgery	0	-
History of Other Single Ortho Trauma/Surgery	37	31%
History of Multiple Ortho Trauma/Surgery	8	6.7%
History of Acute Medical Condition Requiring Rehab	12 (1)	11%
History of Chronic Disease Requiring Rehab	2	1.6%
TOTAL	118	

Most of the surgeries for clients of the Rivers Rehab Unit were performed in Brandon.

The majority of clients were transferred to Rivers from Brandon (34%). Many clients were transferred from Assiniboine hospitals, in which they might have been waiting until a rehab bed was available. Some may have been transferred to Rivers from ARHA hospitals for medical rehab e.g. Stroke, as well. Current challenges include access to Speech Language Pathology for Medical Rehab clients. Clients were also transferred to Rivers from other regions both inside of Manitoba and out of Province.

Clients spent 3,269 days in rehabilitation in Rivers in 2009/10. The average length of stay in Rivers was 28 days. The occupancy rate for the year ranged from 54% in January 2010 to 98% in November 2009. Over the year, the average occupancy was 81%.

	2009/2010	2008/2009
Client Days	3,269	3,375
Average Length of Stay (days)	28	31
Occupancy Rate (average)	81%	75%

The majority of clients (59%) were discharged home with Home Care support in 2009/10. Eleven percent (11%) were transferred to an acute care facility, and 5% were transferred to a Long Term care facility.

Source: Rivers Rehabilitation Unit Review June 2010 (Assiniboine and Brandon Regional Health Authorities)

Planning for the future

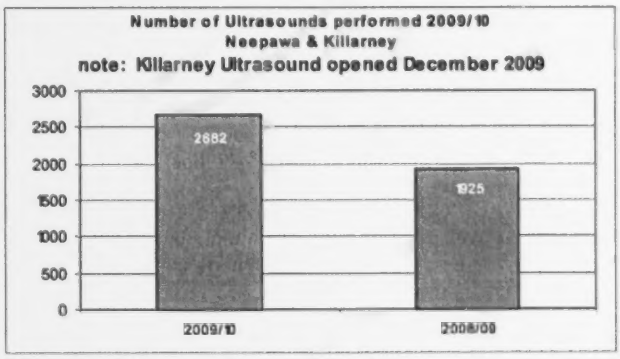
As a result of Regional Health Plan submissions, in 2009/10, the ARHA was pleased to receive approval from Manitoba Health for the following projects:

- Patient Safety training: $6,000
- Long Term Care Aging in Place funding for Supportive Housing in Neepawa (stage 3), Supports for Seniors in Group Living in Virden (stage 4): $142,500
- Mental Health, Adult Community Mental Health position: $87,000
- Aboriginal Youth Suicide Prevention initiatives: $6,800
- Mental Health First Aid Trainers, targeting youth and aboriginal communities: $6,900
- Supports Services for Seniors funding for community based recruitment and retention through salary improvements and one seniors specialist position: $128,700
- Healthy Living Activator Position: $78,400
- Killarney Ultrasound Program: $67,200

Source: Manitoba Health

Did you know?

Ultrasounds done in ARHA increased from 1925 to 2682 from 2008/2009-2009-2010.



Strategic Success

ICS RESPONSE

Team Assiniboine

The ARHA Corporate Incident Command System (ICS) was activated in April 2009 when the identification of the novel H1N1 influenza virus indicated the potential for a pandemic.

The ARHA Public Health-Health Promotion Team, Emergency Preparedness Committee (EPC) and Community Operations Team became one seamless entity for the delivery of the H1N1 immunization vaccine to the region's population. These groups shared the overall responsibility for the planning, development, implementation of equitable access to both timely and correct information, and vaccination during the 2009 H1N1 pandemic as well as evaluation of the region's H1N1 mass immunization program.

Initially the focus was surveillance through Emergency Rooms/outpatient departments and the community. A regional reporting system was enhanced to provide the required information to Manitoba Health on a daily basis. Within a matter of weeks the focus expanded to include case management. As information was received from the province, it was communicated to staff at all sites and programs.

In May 2009, ICS made a decision to embark upon N95 mask fit-testing for staff. This was not a simple task with a workforce of over 3000 dispersed across 20 acute care/transitional facilities, 28 long term care facilities, plus community based programs. Given this logistical challenge, staff were identified, hired or seconded, trained and scheduled to work as fit-testers. They followed a grueling schedule to reach staff across the region in as timely a manner possible by working shifts from 0600 to midnight. The process began by focusing on direct care providers at highest risk of exposure and eventually continued to reach all ARHA employees.

A significant challenge throughout the pandemic was keeping staff updated and informed in an effort to assist them in following the latest infection control/assessment/care guidelines, providing consistent information to patients/clients and addressing their own questions and concerns. The Communications department worked with ICS, Manitoba Health Communications, and the EPC to source the most timely information, put it in a comprehensive format with an ARHA context, and distribute it to staff/public via paper and electronic means, in the format of posters, decision trees, bulletins and articles.

During the spring and summer months of 2009, the Health Promotion team was assigned to take a lead role in sourcing and disseminating H1N1 prevention messages to the public across sectors and communities. Letters, posters from Public Health Agency of Canada and Manitoba Health, and fact sheets were distributed widely to partners including municipal offices; community organizations such as seniors and women's groups; private summer camps; campgrounds, pools and parks; agricultural societies and other event organizers of summer fairs, concerts, reunions etc where large numbers would gather. Many comments were received that our region was unique in the amount of public messaging that was visible in various public places and at events.

Over the summer of 2009, the Health Promotion team sourced or developed resources specific to children and youth to promote handwashing and avoid sharing of personal items to prevent spread of infection. The message was general to include other communicable conditions in addition to H1N1. These resources were shared with child care providers, youth organizations and schools via personal communication. They were well received and will serve to continue the infection prevention message in the community beyond the H1N1 pandemic.

Public Health Nurses conducted the required investigation of lab-confirmed cases of H1N1 – over 150 in ARHA. They also worked with the hog industry, Manitoba Agriculture Food and Rural Initiatives, and Manitoba Health regarding H1N1 in hog barns. They fielded thousands of inquiries from their clients, colleagues and the general public.

Beginning in June 2009, members of the Community Operations Team met with partners from all seven First Nation communities within ARHA as well as representatives from Dakota Ojibway Health Services, West Region Tribal Council, and First Nations Inuit Health to express commitment of the ARHA in working with the First Nation (FN) partners to protect and promote the health of the First Nation citizens within ARHA. This was manifested by the sharing of resources and information, offering fit testing for N 95 masks to First Nation community health staff, offer of supplies, joint planning for mass immunization clinics, lending Immunization Nurses to assist at H1N1 clinics in two First Nation communities, and assistance with H1N1 vaccine storage. The ARHA Aboriginal Health Coordinator was a key liaison between the FN and ARHA colleagues.

When it became apparent that a vaccine would be available for the novel virus H1N1, the Public Health-Health Promotion team was called together in July 2009 to begin planning for the campaign, using a community development approach. It was clear that a mass immunization program could only be delivered with the support of community partners and volunteers.

An incident command system was adopted for the local planning and implementation of the H1N1 immunization program. Community clinics were planned by identifying a Clinic Manager, a Logistics Manager, along with geographic teams of Public Health Nurses, Health Promotion staff and administrative support. Together they planned and extended invitations to community partners to meet in August/September to share information and to begin planning for mass immunization clinics. Community support was pivotal for assistance in securing clinic venues, clinic setup/takedown, client transportation, catering, snow removal,

volunteers for reception /education/traffic flow /observation. The ARHA Health Promotion team members have exceptional knowledge, skills and contacts that enhanced the community development approach employed, and built solid relationships with their colleagues and community partners that will be a foundation for future successful collaboration. The community development approach to mass immunization clinic planning provided PHNs the opportunity to connect with their communities on an issue that was clearly relevant to the entire population.

The competencies possessed by PHNs, which they employ on a daily basis, gained a higher profile throughout the pandemic as PHNs worked with their communities and colleagues. The PHNs were able to manage their practice and collaborate with multiple stakeholders on a range of issues related to health protection, health promotion and illness prevention.

Behind the scenes, the Community Operations Team supported the infrastructure of the mass immunization program as follows:

- Managing the toll-free line and appointment system, based on a formula that incorporated weekly vaccine supply received from the province, provincial priority group criteria, clinic schedules, available staffing, and public demand. The appointment system was supported by our region to honour the provincial priority groups for H1N1 vaccine and to monitor the limited vaccine supply to ensure those who needed it first were more likely to receive it first
- Adding clinics which involved coordinating venue availability and staff along with equitable distribution of vaccine across the region. i.e. the proportion of population by geographic area who had opportunity to access H1N1 clinics was continually monitored
- Scheduling shifts of Immunization Nurses and Clerks.
- Vaccine transportation around the region from the regional pharmacy in Neepawa.
- Ensuring distribution of clinic supplies across the region.
- Safety and security for the vaccine and for staff, volunteers and clients.
- Vaccine cold chain monitoring wherever vaccine was stored in the 21 acute/transitional and 28 long-term care facilities . The region succeeded in implementing the cold chain policy across all sites because there was a shared priority to protect the H1N1 vaccine.
- Communications to public and staff on a daily basis regarding priority group criteria, new vaccine information, new clinic dates and locations, and other program developments, using multiple media including posters, mail drops, email forwards, staff and public newsletters, weekly community newspapers, and radio public service announcements.
- Daily reporting to regional Incident Command, and Manitoba Health.

A sense of teamwork and pride across regional programs and services was evident as staff came together to accomplish a job well. Relationships between ARHA staff and First Nation colleagues were enhanced. Many knowledgeable and experienced staff of all programs and services were confident in their roles and able to

Assiniboine Regional Health Authority Community H1N1 Pandemic Response Team wins the 2010 College of Registered Nurses of Manitoba Professional Nursing Award for Interdisciplinary Health Care Team

101 Seasonal and H1N1 clinics were held from October 21 through December 12, 2009,

H1N1 vaccine was offered in 21 communities through 68 mass immunization clinics.

MIMS (Manitoba Immunization Monitoring System) reported, as of January 5, 2010, a total of 27,018 residents of Assiniboine RHA (40% of the ARHA population) were immunized against H1N1 over a 7 week period.

11,375 residents of Assiniboine RHA were immunized with Seasonal flu vaccine.

Quality . Accreditation

Focus on Quality

The Assiniboine Regional Health Authority (ARHA) promotes the philosophy of continuous quality improvement, with a particular focus on the achievement of the best possible health outcomes for the people we serve. Participation in Accreditation is one way to examine and improve the quality and safety of the care and services provided by the ARHA.

The most recent accreditation survey was held in the ARHA on November 23-28, 2008 with eight surveyors from across Canada participating. The accreditation decision for the ARHA, received August 31, 2009, was Accreditation with Condition (Report). This means that the ARHA met the majority of the required standards and continues to report progress in complying with the Required Organizational Practices (ROPs) and other standards of care. A leading practice was identified by the surveyors regarding the Community Mental Health team's annual health promotion strategy, 'Make it Your Business', an event that reaches out to the male population in the region.

Final Report Summary:

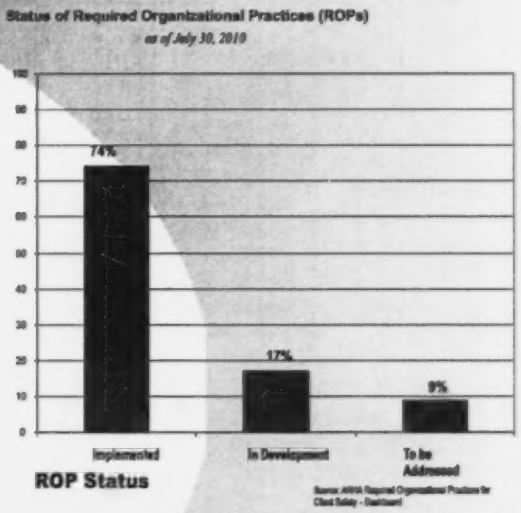
Standards Section/Team	ARHA Compliance Rate %	National Compliance Rate %
Governance	97	89
Proactive & Supportive Org	100	86
Infection Prevention & Control	91	92
Managing Medications	93	92
Population Chronic Condition	100	70
Maternal/Child Population	100	80
Mental Health Population	88	80
Cancer Care & Oncology	81	83
Community Health Services	100	75
Emergency Dept Services	100	79
Home Care	100	73
Long Term Care	100	81
Medicine Services	100	72
Mental Health Services	100	78
Obstetrics/Perinatal	92	82
Operating Rooms	94	93
Public Health	100	90
Rehabilitation	76	81
Surgical Care	91	84

Follow-up reports were required and accepted by Accreditation Canada in the following areas:

- Medication Reconciliation
- Infusion Pump Training
- Falls Prevention
- Infection control
- Managing Medications
- Operating Rooms
- Rehabilitation

Measuring our Success:

The ROP Client Safety Dashboard was developed to monitor the status of the ROPs over time. A summary is presented:



Currently, of the **35 ROPs, 74%** are implemented, **17%** are in various stages of development and implementation, and **9%** of ROPs (new ROPs for 2011) require time and resources and to address them.

The implemented ROP strategies are monitored to ensure that the requirements of the ROPs are met. Examples include:

- **Infusion Pump Training**: The goal is that all applicable care providers will have completed the applicable modules by the end of December 2010. Completion rates are tracked through a database and the initial report will be available December 31, 2010.
- **Falls Prevention**: The falls prevention program is being monitored by measuring the number of falls reported and the resulting severity of injury. To date, no improvement in the number of falls or the severity of injury has been noted. Client Safety will continue to be a priority within the strategic and operational plans with a particular emphasis on falls prevention across all programs.

Challenges Remain

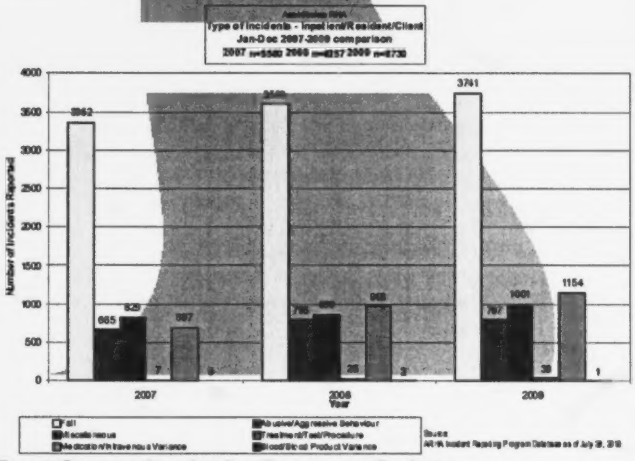
The effective and ongoing implementation of Accreditation Canada's recommendations including the current 31 Required Organizational Practices (ROPs) and the 4 new ROPs for 2011 continues to be a significant challenge for the region. Additional time, education and human resources are required to ensure consistent compliance with some standards and recommendations for safe client care. The quality teams and health care providers in the ARHA continue to work diligently to provide the best possible care for the people we serve.

Risk Management Direction

The Assiniboine RHA implemented an Integrated Risk Management Policy in January 2005 which outlines the process for managing risk in the region. Over the past year, the policy has been reviewed and amended to reflect a more comprehensive approach to risk management, including the assessment, analysis and evaluation of risks (Corporate Risk Profile) Regional program providers and the ARHA Board continue to receive and review regular risk reports. The categories of risk assessed include business, resource and compliance risks. Regional Risk Orientation sessions continue quarterly for all newly-hired employees.

Incident Reporting

The cornerstone of managing risk in the Region is the ARHA Incident Reporting, Disclosure, Investigation and Management process. The ARHA encourages the reporting and reviewing of incidents and 'near misses' with the goal of shared learning and prevention; not blame and punishment. Regular reports are provided to applicable teams and programs, the Executive and the Board of Directors. This information is used to identify risk issues and make the required changes to prevent or mitigate risk, as well as evaluate improvement over time. For example, the chart below represents inpatient/resident/client incidents 2007-2009.

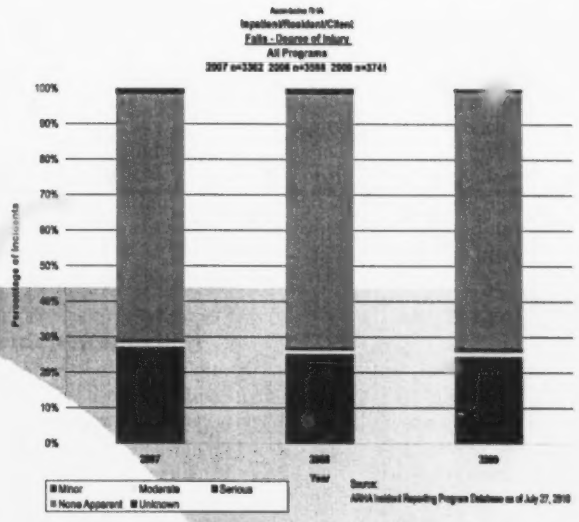


Root Cause Analysis: Focus on Safety

Any incidents that are deemed 'Critical', and reportable to Manitoba Health, are investigated using the Root Cause Analysis (RCA) system's approach to identify contributing factors and recommendations for improvement. Other non-critical incidents are also reviewed using a similar approach with the goal of improving processes and ultimately client and employee safety.

The ARHA has adopted the practice of sharing the learning from incident reviews by distributing Safety Learning Summaries throughout the region.

The following chart represents inpatient/resident/client fall incidents detailing the degree of injury; reported for the years 2007-2009. In spite of the implementation of a Falls Prevention and Management program in 2008, the number of reported falls continues to increase. Fortunately, the majority of falls do not result in significant injury but the number of moderate and serious injuries has increased from 73 in 2007 to 90 in 2009. Fall injuries can result in fractures and other complications which negatively impact quality of life for clients and employees.



HIROC: More than Insurance

Health Insurance Reciprocal of Canada (HIROC) is the Assiniboine Regional Health Authority's liability insurance provider. All regional quality improvement teams are required to complete the HIROC Risk Self-Appraisals in order to determine risk areas and to ensure that actions are taken to address deficiencies.

Other Components

Other important components of the risk management strategy are the Concerns Management and the Client Satisfaction Questionnaire processes. Clients and/or staff are encouraged to voice their concerns and/or provide positive or negative feedback about their health care experiences with the ARHA. This feedback is acted upon in a timely manner and the information is used to make changes as appropriate and improvements to the way we deliver health care and services in the Region. ARHA contact information for clients to reach staff is posted on the ARHA website, as well as in other communication forums such as the Staff Newsletter and the Community Newsletter. The 1-800 telephone number and an email address are available for clients and staff to voice concerns or share bouquets.

Year	# of New Complaints Received and Investigated
2006	134
2007	100
2008	93
2009	102

FUTURE DIRECTION:

In 2010/11, the ARHA will continue to focus on reducing risk and improving safety in the region.

The region will continue to use the revised HIROC self-appraisals as one way of challenging teams to examine their policies and practices against Canadian claims experience and leading practice.

The Corporate Risk Profile will be used to assess and monitor achievements in reducing risk in the region.

ARHA PCH Standards

Manitoba Health conducts standards review visits every 2-3 years to each of the personal care homes (PCH) in the province. The purpose of these visits is to ensure that the personal care homes are meeting the legislated standards of care set out in the Personal Care Homes Standards Regulation (2005) under the Health Services Insurance Act. The Assiniboine RHA review visits were held between February and September 2009. Follow up unannounced visits from Manitoba Health will occur in approximately one third of the PCH's to ensure completion of action plans.

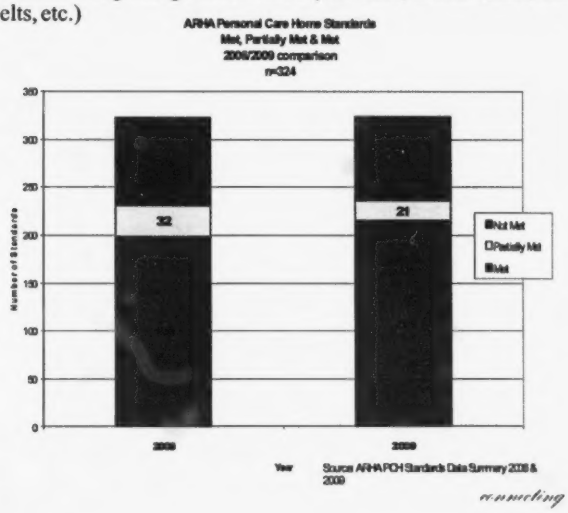
There are 26 standards which include the following areas; resident rights and councils, care planning, nursing, pharmacy, medical, recreation, dietary, housekeeping, spiritual care, staff education and safety and security.

Within the 26 standards, there are 324 descriptors or "measures". Some of these measures are required and must be met. If one of these measures is not met within the standard, the entire standard is rated 'not met'. An example is the staff education standard. There are 28 measures in this standard, one of which is: "*the in-service education program includes annual review of fire drill participation or education in fire prevention*". Most facilities met all the other measures in the standard, but this measure is required and if even one staff member did not attend a fire drill or receive some form of fire prevention education, then the whole standard was rated 'not met'.

Identified Challenges/Opportunities for Improvements

Along with not having 100% attendance at fire drills, other areas where improvement is needed included:

- General Nursing Services –any/all periods where a facility is unable to secure an Registered Nurse/Registered Psychiatric Nurse to supervise nursing care is to be reported to Manitoba Health. The process requires manual tracking which is difficult to monitor due to the number of PCHs in the region.
- Lack of evidence of on-site preparation/criteria to support nurses (LPNs) in their leadership role, thereby ensuring residents are receiving the best possible care from well-informed and supported staff.
- Physician Services – need for a designated physician who is responsible for the overall coordination and evaluation of medical services in personal care homes.
- Documentation –deficiencies noted through chart audits, particularly in the areas of care plans and restraints.
- Restraints –high usage of restraints (side rails, Broda chairs, seat belts, etc.)



Overall, there has been improvement since 2006 with the number of standards being 'Met'. The ARHA is fortunate to have a position (Coordinator, Facility Program Standards) dedicated to working with teams at the local PCHs to assist in reviewing the standards and to assist in development and implementation of relevant regional policies.

Future Directions

- The Disaster and Emergency Preparedness Committee is identifying strategies to ensure that all staff participate in a fire drill, table top exercise or complete a self-learning package on an annual basis to ensure they are prepared in the event of a fire.
- The Region will continue to explore ways to report periods where the facility is unable to staff an RN/RPN on any given shift 365 days of the year (as per Manitoba Health Nursing Service guidelines).
- The Region is working to develop a more comprehensive preparation for nurses regarding leadership and decision-making.
- Coordination and evaluation of medical care in PCHs will continue to be explored.
- Education to staff on the principles and legalities of documentation will be provided to staff through in-services and will also be available to all staff via eLearning.
- Revisions to charting forms have occurred to improve communication and consistency of quality care.
- A philosophy of 'Least Restraint' has been adopted in an effort to reduce and/or discontinue the use of restraints. This method of limiting freedom of movement for residents in PCH's will be monitored on an ongoing basis through a Restraint Usage Audit.
- Feedback from sites will be used to develop tools and provide support to local teams as they continuously strive to meet the standards and improve the safety and quality of care for the residents.

Quality Standards

Did you know?

HOME CARE

Number of clients accessing home care services in ARHA - 2, 509

Number of service hours provided to clients- 294,075.95

Number of self managed care clients- 20

Average hours per client- 117.2 hours per year

WAITING PLACEMENT

Waiting to be placed in a personal care home currently- 251. Of the 251 there are 131 waiting in community and 120 waiting in facilities.

Administrative Costs

Assiniboine Regional Health Authority Administrative Costs

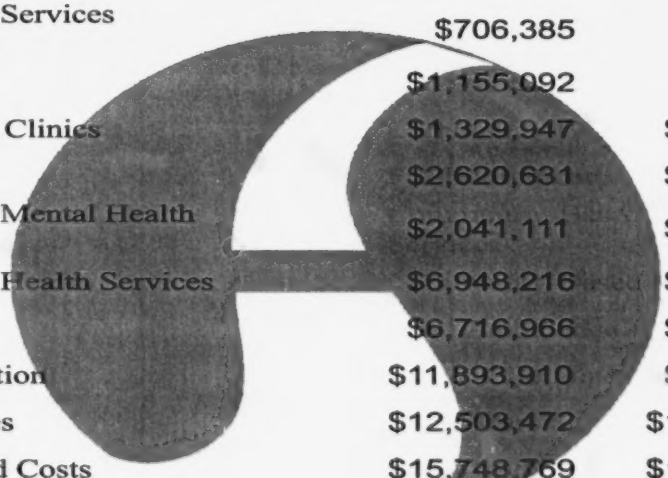
The Assiniboine RHA adheres to standardized coding guidelines (MIS) as defined by the Canadian Institute of Health Information (CIHI).

Administrative costs include corporate operations (including hospitals, non-proprietary personal care homes and community health agencies), as well as patient care-related functions such as infection control and patient relations and recruitment of health professionals.

The figures presented are based on data as at 2009/10. The most current definition of administrative costs determined by CIHI includes:

Category of Administrative Expense *All primary cost centres include costs related to salaries, benefits, travel, telecommunications, insurance, audit & other fees, office supplies and other supplies and expenses.*	Percentage of Total 2009/2010 Expenses	Percentage of Total 2008/ 2009 Expenses
Corporate: *Includes the primary cost centres of General Administration, Executive, Board of Directors, Public Relations, Planning, Risk Management, Advisory Councils, Community Health Assessment, Finance and Communications.*	3.95	4.14
Patient Care Related: *Includes the primary cost centres of Quality Assurance and Accreditation.*	0.25	0.18
Human Resources and Recruitment: *Includes the primary cost centres of Human Resources, Recruitment & Retention, Labor Relations, Employee Benefits, Health & Assistance Programs and Occupational Health & Safety Prevention.*	1.0	1.16
Total	**5.21**	**5.48**

Expenditure by Program/Service



	2009 / 2010	2008 / 2009
Community-Based Services Administration	$706,385	$709,112
Therapy Services	$1,155,092	$947,401
Community Health Clinics	$1,329,947	$1,319,311
Pre-Retirement	$2,620,631	$1,437,273
Community-Based Mental Health Services	$2,041,111	$1,922,358
Community-Based Health Services	$6,948,216	$6,099,822
Land Ambulance	$6,716,966	$6,236,083
Medical Remuneration	$11,893,910	$9,612,116
Home Care Services	$12,503,472	$11,859,881
Other Undistributed Costs	$15,748,769	$14,773,827
Acute Care	$56,195,270	$51,989,313
Long Term Care	$55,890,254	$53,270,574
	$173,750,023	$160,177,071

Capital

Capital Projects

The Assiniboine Regional Health Authority continues to deal with maintaining aging infrastructure. The Region continues to maintain 88 buildings (not including maintenance shops and incinerator buildings) in 27 communities across the region.

Three major capital projects were re-submitted in the 2009 – 2010 Health Plan:

- Neepawa/Minnedosa Joint Health Centre
- Minnedosa Health Centre retrofit to personal care home
- Replacement of the Hamiota Health Centre

Safety & Security

Eighty-three Safety and Security Projects totaling $4,873,775.00 were submitted with thirteen projects totaling $1,066,884.00 approved. Fifteen Specialized Equipment Requests in the amount of $615,047.00 were submitted with four approvals totaling $206,000.00

Capital Expenditures approved by the Board of Directors in 2009 – 2010 totaled $3,487,456.00. Funding source amounts were:

• Capital Equipment	690,580
• PCH Reserve	25,393
• EPH Reserve	43,204
• Restricted Donations	725,215
• Restricted Equity	120,779
• Ambulance Capital	47,512
• Parking Reserve	36,201
• Building Repair Fund	109,688

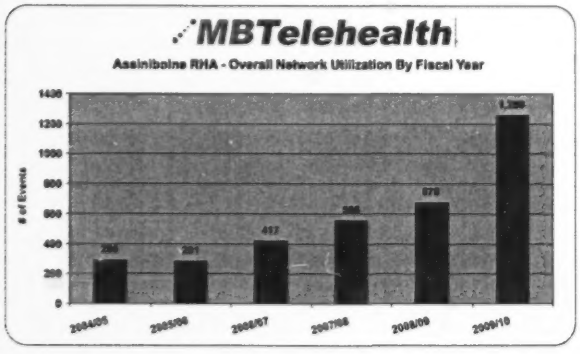
The new construction of the Neepawa Emergency Medical Services facility was successfully completed and officially opened on April 20, 2010. Construction cost of the 3,297 square foot facility totaled $888,807.00.

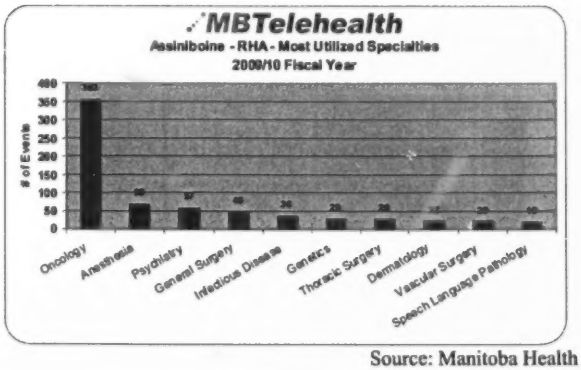
Approval to award the tender for the construction of the Russell Dialysis addition was received on March 15, 2010. Anticipated completion date is February 28, 2011.

Did you know?

ARHA sees an increase of 85% in Telehealth Utilization in 2009/2010

- ARHA had 6 Telehealth sites operational in 2009/2010: Russell, Virden, Killarney, Neepawa, Hamiota & Deloraine. In the 2011/2012 Regional Health Plan, the ARHA has put forth 3 more requests for Telehealth sites in an effort to bring specialist consultation services closer to home for the people of Assiniboine
- Provincially – there was a 16% increase in utilization, 9,835 Telehealth events in 09/10 compared to 8,463 events in 08/09.
- ARHA had 1,256 events in 2009/2010 – up from 678 events in 08/09. This represents a 85% increase over the previous year's activity. Russell has the highest utilization in the ARHA with 26% of the total hours used.
- On average 61% of all ARHA Telehealth events are utilized for clinical use, the remaining ARHA events were used for Education (28%), and Administration (11%)
- 46% of clinical events are used for Oncology (cancer care) consults.





Source: Manitoba Health

Auditor's Report

To the Board of Assiniboine Regional Health Authority:

We have audited the consolidated statement of financial position of Assiniboine Regional Health Authority as at March 31, 2010 and the consolidated statements of operations and changes in net assets and cash flows for the year then ended. These financial statements are the responsibility of the organization's management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In our opinion, these financial statements present fairly, in all material respects, the financial position of the organization as at March 31, 2010 and the results of its operations and its cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.

Brandon, Manitoba
June 15, 2010

Meyers Norris Penny, LLP
Chartered Accountants

1401 Princess Avenue, Brandon, Manitoba, R7A 7L7, Phone: (204) 727 -0661, 1-800-446-0890

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MEYERS NORRIS PENNY...

Financial Position

Consolidated Statement of Financial Position

	2010	2009
Assets		
Current Assets		
Cash	24,458,664	29,520,233
Marketable securities	4,207,958	4,104,276
Accounts receivable	3,591,574	2,145,539
Manitoba Health receivable - vacation entitlement	6,484,052	6,484,052
Inventories	1,102,753	933,764
Prepaid expenses	461,018	621,787
	40,306,019	43,809,651
Manitoba Health receivable - pre-retirement obligation	7,336,760	7,336,760
Capital assets	100,072,684	99,695,777
Trust assets	128,391	121,042
	147,843,854	150,963,230
Liabilities and Net Assets		
Current Liabilities		
Accounts Payable	10,508,753	14,349,109
Due to Manitoba Health	5,138,240	7,224,672
Current portion of long-term debt	172,772	162,751
Accrued vacation entitlement	8,628,787	8,543,693
	24,448,552	30,280,225
Long-term debt	2,195,468	2,368,354
Accrued pre-retirement obligation	11,515,779	9,746,795
Deferred contributions	100,334,206	100,617,320
Trust liabilities	128,391	121,042
	138,622,396	143,133,736
Commitments and contingencies		
Net Assets		
Invested in capital assets	3,167,076	3,353,085
Internally restricted	119,573	30,700
Unrestricted	5,934,809	4,445,709
	9,221,458	7,829,494
	147,843,854	150,963,230

Statement of Operations

Consolidated Statement of Operations

	2010	2009
Revenues		
Manitoba Health operating income	148,761,544	135,870,630
Authorized / residential charges	14,062,013	13,483,652
Amortization of deferred contributions	4,120,485	4,018,251
Other income	4,632,628	4,783,821
Ancillary	1,279,539	1,228,643
Province of Manitoba	2,215,377	2,096,165
	175,071,586	161,481,162
Expenses		
Acute Care	56,195,270	51,989,313
Long-term care	55,890,254	53,270,574
Community-based home care services	12,503,472	11,859,881
Medical remuneration	11,893,910	9,612,116
Community health clinics	1,329,947	1,319,311
Community-based health services	6,948,216	6,099,822
Land ambulance	6,716,966	6,236,083
Community-based mental health services	2,041,111	1,922,358
Therapy Services	1,155,092	947,401
Community-based services administration	706,385	709,112
	155,380,623	143,965,971
Other Undistributed Costs		
Regional health authority costs	10,115,575	9,344,413
Amortization of capital assets	4,342,696	4,239,644
Ancillary	1,290,498	1,189,770
Pre-retirement	2,620,631	1,437,273
	18,369,400	16,211,100
Total expenses and other undistributed costs	173,750,023	160,177,071
Excess of revenues over expenses	1,321,563	1,304,091

A complete set of financial statements, and the auditors report are available on the ARHA website at www.assiniboine-rha.ca or by contacting the Assiniboine RHA Corporate Office at (204) 483-5000 or 1-888-682-2253.

Assiniboine Regional Health Authority
Annual Report
2009-2010